

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshifumi TANIMOTO

Serial No: 09/931,675

Confirmation No: 3352

Filed: August 15, 2001

For: Facsimile Apparatus and Facsimile Communication Method



Art Unit: 2626

Examiner: Baker, Charlotte M.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
 Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 May 6, 2005

Date of Deposit

Name Juanita Soberanis

05/06/2005

Signature

Date

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.  
☒ Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-	20**	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5***	0	LG=\$200 SM=\$100	\$	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

Date: May 6, 2005

By:

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 Registration No. 36,667  
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Appl. No. 09/931,675  
Amdt. Dated May 6, 2005  
Reply to Office Action of February 7, 2005

Attorney Docket No. 81800.0165  
Customer No. 26021

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**AMENDMENT**

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Juanita Soberanis

Name

*Juanita Soberanis* 05/06/2005

Signature

Date

Dear Sir:

In response to the Office Action dated February 7, 2005, please amend this application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.